

Case Number:	CM14-0187056		
Date Assigned:	11/17/2014	Date of Injury:	04/17/2013
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

40y/o female injured worker with date of injury 4/17/13 with related right shoulder and right elbow pain. Per progress report dated 10/2/14, the injured worker complained of intermittent right shoulder pain rated 6-7/10 and right elbow pain rated at 7/10 with associated numbness. She also reported decreased muscle mass and strength. Per physical exam, there was moderate tenderness at the acromioclavicular joint, supraspinatus, and bicipital group. Right shoulder range of motion was decreased in all planes. There was tenderness to palpation of the right elbow medial and lateral epicondyles. The injured worker reported pain with gripping, grasping, and fine dexterity movement of the right hand. Supination and pronation of the right elbow were painful. The injured worker had a sensory deficit in the right C6-T1 dermatomes. Treatment to date has included chiropractic manipulation, shockwave therapy, physical therapy, and medication management. The date of UR decision was 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shockwave Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shockwave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal Shockwave Therapy

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT). With regard to ESWT, the ODG TWC states: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results." As the requested treatment is not recommended by the guidelines, it is not medically necessary.